



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE INVESTIGATION AND POLYGRAPH COMMISSION
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1167
PHONE (615) 741-4827 FAX (615)-532-2965

PRIVATE INVESTIGATION COMPANY - APPLICATION INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS
READ AND COMPLETE EACH PORTION OF THIS APPLICATION CAREFULLY.

READ ALL INSTRUCTIONS CAREFULLY! *Date Application Mailed/Submitted to the State:* _____

Fees	Application	License
→ Company with 0-1 Investigator*	\$ 250.00	\$125.00
→ Company with 2-5 Investigators*	\$ 500.00	\$250.00
→ Company with 5 OR MORE Investigators*	\$1,000.00	\$500.00
→ Per Branch Office	\$ 100.00	\$100.00

* Note: Tennessee Private Investigation Company application, license and renewal fees are based on the number of private investigator licensees, license applicants or private investigator apprentices, whose license is, or will be, affiliated with the company license. Investigator Affiliates: All investigators affiliated with your Tennessee Private Investigation Company shall be listed on the "Notarized Statement of Affiliates" submitted for issuance or renewal of the main office. License and renewal fees, for the main office, are based on the total number of investigator affiliates licensed in Tennessee. Branch office fees are not based on investigator affiliates.

You may not begin work as a private investigation company until your *Private Investigation Company License* has been issued.

Before proceeding, read the enclosed copy of the Tennessee Private Investigator Laws and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating private investigators in the State of Tennessee.

Average processing time for this application is 2-4 months. **IF YOU FAIL TO RESPOND TO ANY CORRESPONDENCE FROM THIS OFFICE, YOUR APPLICATION WILL BE CLOSED OR DENIED.** Commission Policy #5: Any application that has been on file with the Commission for a period of more than six (6) months, without diligent effort on the applicant's part to continue the application process, will be closed. Thereafter, should licensure be sought, a new application will be required.

A licensee or applicant shall notify the Commission within thirty (30) days of any change in company affiliation, business address or residence address and telephone number, as well as, any change(s) in the original information supplied upon application.

A private investigation company shall notify the Commission in writing within thirty (30) days of the death or termination of a private investigator. In the case of termination, the company shall state the reason for the Termination. - Administrative Rule 1175-1-.06.

AN APPLICANT FOR PRIVATE INVESTIGATION COMPANY LICENSE MUST SUBMIT:

Applicants for private investigation company license must be at least twenty-one (21) years of age.

- An application completed in its entirety. The application shall be subscribed and sworn to by the applicant (if the applicant is an individual), by each partner (if the applicant is a partnership), or by the qualifying agent (if the applicant is a corporation) before a duly appointed Notary Public.
- The application fee is non-refundable and must be submitted with the application. The application will not be processed without the required application.
- Three (3) sets of classifiable fingerprints on fingerprint cards provided by this office, for each individual, or partner, applying for company licensure. Prints must be rolled nail to nail by a qualified, trained technician on the cards provided by this office. The cards must be completed fully and signed. All questions in the blocks at the top of the card must be answered. Enter N/A if the question does not apply to you.
- You will be required to take the Private Investigative Company examination. You must make your own arrangements to take the examination. Examination information was included with your application packet.
- If applying as a partnership, **each partner** must provide the required information listed above, with this application.
- If applying as a corporation, the above information must be accompanied with the following:
 - The correct legal name of the corporation, the physical and mailing addresses of the corporate headquarters, if located outside this state;
 - State and date of incorporation;
 - Date the corporation qualified to do business in the State of Tennessee;
 - The names of at least two (2) principal corporate officers other than the qualifying agent and the business address, residence address and the office held by each in the corporation.
- Unless indicated on the initial application, all branch offices located in or conducting business in Tennessee must be licensed by this office. Should a branch office be opened after issuance of the company license, a separate application must be submitted for each branch office.

You should keep a photocopy of this application for your own files, before submitting the application to this office.

You may not work in any position requiring licensure by this office if this application is CLOSED or DENIED for any reason.



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE INVESTIGATION AND POLYGRAPH COMMISSION
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1167
PHONE (615) 741-4827 FAX (615)-532-2965

FOR OFFICIAL USE ONLY

File # _____

Xact # _____

PRIVATE INVESTIGATION COMPANY APPLICATION

Please read this entire application carefully. Submit additional information for any item on a separate sheet of paper.

1. Type of Application: ☐ Initial Application ☐ Change of Qualifying Agent ONLY ☐ Branch Office
2. Is the application for: ☐ a single owner ☐ a partnership ☐ a corporation (LLP, LLC, Inc.)
3. General Information:

Company Name (The name under which your company will be licensed.) _____

Street Address (Physical Location) _____ City _____ State _____ ZIP Code _____

Mailing Address (If different from Physical Location.) _____ City _____ State _____ ZIP Code _____

Telephone Number _____ Fax Number _____ Company Web Site Address (If Available) _____

- a. Will you be doing business under any name other than what is listed above? Yes ☐ No ☐
If yes, list the exact name under which you will be doing business. _____

Company Name (The exact name under which you will be doing business.) _____

- b. Individual or Corporate Qualifying Agent applying for licensure: If this is for a partnership, attach a copy of the application with the required information completed for EACH partner.

Please select one: ☐ single owner ☐ partner ☐ corporate qualifying agent: _____
Position Held _____

Social Security Number _____ Applicant's Last Name _____ First Name _____ Middle Name _____

Residence Address _____ City _____ State _____ ZIP Code _____

Telephone Number _____ FAX Number _____ E-MAIL Address (If Available) _____

Date of Birth _____ Place of Birth (City & State) _____ Age _____ Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Have you ever used a name or alias other than shown above? If so, please list on the line above _____

- c. Are you a United States Citizen? Yes ☐ No ☐
If not, attach documentation establishing your legal alien status _____

- d. Other Residences: List all residences you have lived for the past five (5) years. Attach a separate sheet if necessary.

Street Address _____ City _____ State _____ Zip Code _____ From (Mo./Yr.) To (Mo./Yr.) _____

Street Address _____ City _____ State _____ Zip Code _____ From (Mo./Yr.) To (Mo./Yr.) _____

Address	City	State	ZIP Code
---------	------	-------	----------

5. Credit References: Continued . . .

2. _____
 Name of business or institution Telephone number

 Address City State ZIP Code

3. _____
 Name of business or institution Telephone number

 Address City State ZIP Code

6. Criminal History Information: Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI). **If you answer yes to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so. Failure to fully disclose all arrest information could disqualify you under T.C.A. 62-26-217. If applying as a partnership, each partner must complete the Criminal History Information section of this application.**

a. Have you ever been arrested in Tennessee or any other state? Yes ☐ No ☐

If yes, what state(s): _____

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes ☐ No ☐

c. Once there, were you fingerprinted, photographed and booked into jail? Yes ☐ No ☐

d. Were misdemeanor or felony charges filed against you? Yes ☐ No ☐

If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

Date	Charge	City	State
------	--------	------	-------

Date	Charge	City	State
------	--------	------	-------

Date	Charge	City	State
------	--------	------	-------

e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes ☐ No ☐

f. Did the court find you guilty? Yes ☐ No ☐

g. If you were found guilty, what was the sentence of the court? Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.

Date	Charge	Sentence	Probation Completed Date
------	--------	----------	--------------------------

Date	Charge	Sentence	Probation Completed Date
------	--------	----------	--------------------------

Date	Charge	Sentence	Probation Completed Date
------	--------	----------	--------------------------

h. Are you currently on a deferred sentence or on probation? Yes ☐ No ☐

i. Did the court dismiss the charges against you? Yes ☐ No ☐

j. Were those charges against you expunged from your record by the court? Yes ☐ No ☐

If yes, you must provide a copy of the expungement order.

k. Do you currently have charges pending against you?

Yes ☐ No ☐

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date

7. Have you ever been declared incompetent due to mental defect or disease?

Yes ☐ No ☐

8. Are you currently suffering from habitual drunkenness or any narcotic addition?

Yes ☐ No ☐

9. Have you ever served in Military Service?

Yes ☐ No ☐

a. If yes, what branch? _____

b. If you have been discharged from Military Service, what type of discharge did you receive?

☐ Honorable ☐ Dishonorable ☐ Medical ☐ Other (Please Explain)

10. Are you presently serving in Military Service?

Yes ☐ No ☐

11. I HAVE ENCLOSED:

- ☐ a. **Notarized Statement of Affiliates:** As required by Tennessee Code Annotated § 62-26-208(g) included is a complete register of all Private Investigator Licensees, Private Investigator License applicants and Private Investigator Apprentice applicants affiliated with (employed by) the Private Investigation Company.
- ☐ b. **Three (3) Sets of Classifiable Fingerprints:** Use only those fingerprint cards provided by this office. Prints must be rolled nail-to-nail by a qualified, trained technician. Remember that all information on fingerprint cards **MUST** be completed and signed.
- ☐ c. **The Required Application Fee:** Make check or money order payable to: **TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE.**

12. STATEMENT OF COMPLIANCE AND UNDERSTANDING: *Read carefully.* Application must be signed under oath and notarized.

I certify that I have read Tennessee Code Annotated Title 62, Chapter 26, and the corresponding administrative rules, and am familiar with and understand my legal responsibilities. I understand that this application will not be processed without the proper non-refundable application fee and that upon approval of the application a license fee will be due prior to issuance.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments will be punishable under Tennessee Code Annotated, Title 62, Chapter 26. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief. Further that I the undersigned did personally complete this application and sign my name in the presence of a notary public.

I hereby certify that I understand that should I be charged with an offense other than a minor traffic offense, I am required to notify the State of Tennessee, Private Investigation and Polygraph Commission within thirty (30) days of any such charge(s) and of any disposition of said charge(s).

Signature of Owner/ Each Partner/Corporate Qualifying Agent

Notarization of signature:

Sworn and subscribed to, before me this _____ day of _____.

[NOTARY SEAL]

Signature of Notary Public

My commission expires: _____



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE INVESTIGATION AND POLYGRAPH COMMISSION
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1167
PHONE (615) 741-4827 FAX (615)-532-2965

TENNESSEE PRIVATE INVESTIGATION COMPANY LICENSE NOTARIZED STATEMENT OF AFFILIATES

Listed below, as required by Tennessee Code Annotated § 62-26-208(g) is a complete register of all Private Investigator Licensees, Private Investigator License applicants and Private Investigator Apprentice applicants affiliated with (employed by) the following Private Investigation Company:

Name of Investigation Company

Owner and/or Qualifying Agent Name: _____

License #: _____

1. Does owner/qualifying agent hold a Tennessee Private Investigator License? Yes ☐ No ☐
2. Is owner/qualifying agent applying for a Tennessee Private Investigator License? Yes ☐ No ☐

***Affiliate Register:** List all Private Investigator Licensees, Applicants and Apprentice Applicants (Full Name and License Number):

* Note: Tennessee Private Investigation Company Application, license and renewal fees are based on the number of private investigator licensees, license applicants or private investigator apprentices, whose license is, or will be, affiliated with the company license. Investigator Affiliates: All investigators affiliated with your Tennessee Private Investigation Company shall be listed on the "Notarized Statement of Affiliates" submitted for issuance or renewal of the main office. License and renewal fees, for the main office, are based on the total number of investigator affiliates licensed in Tennessee. Branch office fees are not based on investigator affiliates.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Owner/Each Partner/Corporate Qualifying Agent

Date

Sworn and subscribed to before me this _____ day of _____, 20____.

[Notary Seal]

Signature of Notary Public

My Commission expires: _____